PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10/038/5-19

CLAIMS AS FILED - PART I						- Le		SMALL ENTITY			OTHER THAN	
TOTAL OLAUAC			(Column 1)		(Colu	(Column 2)		E		OR	SMALL	ENTITY
TOTAL CLAIMS							R	ATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BAS	IC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			えじ minus 20=		*		X	\$ 9=	•	OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		*		X	42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT					·		+1	40=		OR	+280=	
* If the difference in column 1 is less than zero,					r "0" in c	column 2	TC)TAL		OB	TOTAL	
CLAIMS AS AMENDED - PART II									٠.		OTHER	THAN
	(Column 1) (Colum					(Column 3)	SN	ALL I	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		- HIĞH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA	R	ATE	-ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus			=	×	42=	- 1	OR	X84=	
	FIRST PRESE	INTATION OF MI	JLIIPLE DE	PENDEN	CLAIM		+1	40=	the same	**** OR	+280=	
								TOTAL	•	OR	TOTAL	_~
		10. 1		10.1	2	(0.1	ADDI	T. FEE		, ,	ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)	_		4551			455
AMENDMENT B		REMAINING AFTER AMENDMENT			IBER OUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	9=		OR	X\$18=	
	Independent	*	Minus	***		=	X	42=	Arres (Sp. 1)	OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		l		-	On		·
							1	40= TOTAL		OR	+280=	
	ÄL									OR	TOTAL ADDIT. FEE	
		(Column 3)				•						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*.	Minus	** . *		= .	X	9=	THE PERSON NAMED IN	OR	X\$18≅	第二十二十二
	Independ nt	*	Minus	***		=	X	42=		OR	X84=	
Ľ	FIRST PRESENTATION OF MULTIPLE			DEPENDENT CLA								المحافظ
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.								40=	160	OR	+280=	in the state
**	If the "Highest Nu "If the "Highest Nu	mber Previously Particusty Provider Previously P	aid For [*] IN TH aid For [*] IN TH	IS SPACE	is less that is less that	an 20, nter "20. an 3, nter "3."	ADDI	TOTAL T. FEE			TOTAL ADDIT. FEE	18 m 18 m
	Th "Highest Nur	nb r Previously Pa	id For" (Total o	r Indep no	dent) is th	highest number	er found in	th app	propriat box	k in co	lumn 1.	